

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D065511966

Company Name: I M O INDUSTRIES

Date of Request: FEBRUARY 6, 1998

Town: PLAINVILLE

287
4/9/98
Q.C.
6/2/98

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	I M O INDUSTRIES	GEMS SENSORS INC.	PER '97 SQG REPORT
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) CESQG (<100 kg/month) SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 065511966

Company Name: TRANSAMERICA DELAVAL INC

Date of Request: 7/14/95

Town: PLAINVILLE

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	TRANSAMERICA DELAVAL INC	I M O INDUSTRIES	PER 93 SQG REPORT
II. Location of Installation			
III. Mailing Address of Installation	COWLES RD PLAINVILLE CT	1 COWLES ROAD PLAINVILLE CT 06062	
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status	<p>Originally notified as: (please circle) SQG (<100 kg/month) SQG (100 - 1000 kg/month) Generator (>1000 kg/mth) Transporter T/S/D Facility</p>		
		Change Status to:	
		RCCA RECORDS CENTER FACILITY <u>Gems Sensors Inc</u> I.D. NO. <u>CTD065511966</u> FILE LOC. _____ OTHER <u>IMO Ind.</u>	



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



August 9, 1984
NOTICE OF VIOLATION
NV No. 0148
DEP/HW No.

Trans America Delaval, Inc.
Red-Lee Division
80 Sheldon Road
Manchester, Connecticut 06040

Gentlemen:

During our inspection on July 2, 1984, it was noted that your company is in violation of Connecticut's Hazardous Waste Management Regulations. Therefore, we are enclosing the following for your immediate attention and action:

1. Notice of Violation NV No. 0148;
2. A copy of our inspection report dated July 2, 1984; and
3. A copy of the Connecticut Hazardous Waste Management Regulations.

Should you have any questions, please contact Mr. Jim Ray at 566-4869 or 566-5712.

Very truly yours,

Stephen W. Hitchcock
Director
Hazardous Materials Management Unit

SWH:JR:kls

Enclosures

Phone:

165 Capitol Avenue • Hartford, Connecticut 06106

An Equal Opportunity Employer



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



HAZARDOUS WASTE MANAGEMENT SECTION

Notice of Violation

NV. No. 0148

DEP/HW No.

TO:

Trans America Delaval, Inc.
Red-Lee Division
80 Sheldon Road
Manchester, Connecticut 06040

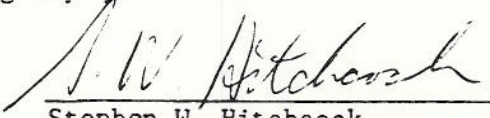
You are hereby notified of violation(s) of State Regulations and/or State Statutes regarding hazardous/industrial waste management (referenced below).

Within sixty (60) days after receipt of the Notice, you must correct the violation(s) so as to comply with the specified Regulations and/or Statutes, and also

SUBMIT IN WRITING to the Enforcement Group
Hazardous Waste Management Section
Department of Environmental Protection
165 Capitol Avenue
Hartford, Connecticut 06106

the details of the specific corrective action you HAVE taken which resulted in compliance. Failure to do so will require us to issue a State Order. Please be advised that intentional falsification of information is subject to criminal penalties under State and Federal laws.

You are invited to confer with us about this NOTICE before the end of the period specified above. If you do not initiate such a conference within that period, you shall be considered to have waived this opportunity. Please contact the Hazardous Waste Management Section at 566-5712 or 566-4869 regarding any questions.


Stephen W. Hitchcock
Hazardous Materials Management Unit

8/9/84
Date

Regarding	Violation(s) of State Regulation(s) and/or Statute(s); Section(s)
Inspection Schedule and Log	25-54cc(c)-28
Personnel Training	25-54cc(c)-29
Contingency Plan	25-54cc(c)-31

Copies of these Regulations and Statutes are available for your reference in our office.

RETURN OF SERVICE

A copy of the foregoing NOTICE was submitted to the above-named as indicated below:

() Personally delivered to _____ on _____.

(XX) Certified Mail to the usual place of business or residence. Registration No.

165 Capitol Avenue • Hartford, Connecticut 06106

P 447 846 872

An Equal Opportunity Employer



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	PLEASE PLACE LABEL IN THIS SPACE
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS	

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
CTD06551196621	A	8/10/323

MAR 25 12 04 PM '81

I. NAME OF INSTALLATION

TRANSAMERICA DELAVAL INC GEMS SENSORS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

COWLES RD. FARM/ PLAIN. IND. PK

CITY OR TOWN

PLAINVILLE

ST.

CT

ZIP CODE

06062

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

COWLES RD FARM / PLAIN IND PARK

CITY OR TOWN

PLAINVILLE

ST.

CT

ZIP CODE

06062

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

BLAIR CHARLES MFG MANAGER

PHONE NO. (area code & no.)

203-677-1311

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

TRANSAMERICA DELAVAL INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION
☐ B. TRANSPORTATION (complete item VII)
☐ C. TREAT/STORE/DISPOSE
☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR
☐ B. RAIL
☐ C. HIGHWAY
☐ D. WATER
☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION
☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

5	W	CTD065511966	2	1
1	2		13	14

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Charles N. Blair

Manufacturing Mgr.

3-23-81



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

15 INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
CTD06551196621	A	810423

2
NAME OF INSTALLATION

R A N S A M E R I C A D E L A V A L I N C G E M S S E N S O R S

INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

16 CITY OR TOWN	ST.	ZIP CODE

LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

16 CITY OR TOWN	ST.	ZIP CODE
COWLES RD FARM / PLAIN INDPARK		
PLAINVILLE	CT	06062

INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

B LA I R C H A R L E S M F G M A N A G E R	203-677-1311
--	--------------

OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

T R A N S A M E R I C A D E L A V A L I N C

B. TYPE OF OWNERSHIP (enter the appropriate letter into box) **VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))**

F = FEDERAL M = NON-FEDERAL	<input checked="" type="checkbox"/> A. GENERATION <input type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND INJECTION
--------------------------------	---

II. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
---------------------------------	----------------------------------	-------------------------------------	-----------------------------------	--

III. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)
---	---

C. INSTALLATION'S EPA I.D. NO.

IV. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. - FOR OFFICIAL USE ONLY												
5	6	7	8	9	10	11	12	13	14	15	16	17
W	C	T	D	0	6	5	5	1	1	9	6	2
1	2	3	4	5	6	7	8	9	10	11	12	13

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 FO 0 1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Charles N Blair</i>	NAME & OFFICIAL TITLE (type or print) Manufacturing Mgr	DATE SIGNED 3-23-91
-------------------------------------	--	------------------------

EPA Form 8700-12 (6-80) REVERSE

Charles N Blair Manufacturing Mgr
Note: This is a second copy, the first was apparently lost in the mail.
4-23-81